

OAKBROOK HEALTH & REHABILITATION  
206 W PROSPECT ST

THORP 54771 Phone: (715) 669-5321  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 58  
Total Licensed Bed Capacity (12/31/04): 58  
Number of Residents on 12/31/04: 58

Ownership: Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 56

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.8
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		41.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.7	More Than 4 Years		25.9
Day Services	No	Mental Illness (Org./Psy)	36.2	65 - 74	3.4			-----
Respite Care	Yes	Mental Illness (Other)	1.7	75 - 84	29.3			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	55.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.4	95 & Over	10.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.4		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	19.0	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	6.9		-----	RNs		12.1
Referral Service	No	Diabetes	6.9	Gender	%	LPNs		8.6
Other Services	No	Respiratory	12.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	6.9	Male	15.5	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	84.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	2	100.0	310	44	95.7	113	1	100.0	107	9	100.0	130	0	0.0	0	0	0.0	0	56	96.6	
Intermediate	---	---	---	2	4.3	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.4	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	2	100.0		46	100.0		1	100.0		9	100.0		0	0.0		0	0.0		58	100.0	

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	15.4	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	7.7	Bathing	0.0	81.0	19.0	58
Other Nursing Homes	10.3	Dressing	12.1	74.1	13.8	58
Acute Care Hospitals	43.6	Transferring	32.8	43.1	24.1	58
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	24.1	53.4	22.4	58
Rehabilitation Hospitals	17.9	Eating	70.7	13.8	15.5	58
Other Locations	5.1	*****				
Total Number of Admissions	39	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.2		Receiving Respiratory Care	10.3
Private Home/No Home Health	13.5	Occ/Freq. Incontinent of Bladder	44.8		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	21.6	Occ/Freq. Incontinent of Bowel	25.9		Receiving Suctioning	0.0
Other Nursing Homes	2.7				Receiving Ostomy Care	3.4
Acute Care Hospitals	2.7	Mobility			Receiving Tube Feeding	1.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	27.6
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	59.5	With Pressure Sores	3.4		Have Advance Directives	79.3
Total Number of Discharges		With Rashes	10.3		Medications	
(Including Deaths)	37				Receiving Psychoactive Drugs	69.0

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.6	81.9	1.18	85.5	1.13	85.9	1.12	88.8	1.09
Current Residents from In-County	41.4	72.8	0.57	71.5	0.58	75.1	0.55	77.4	0.53
Admissions from In-County, Still Residing	20.5	18.7	1.10	20.7	0.99	20.5	1.00	19.4	1.06
Admissions/Average Daily Census	69.6	151.4	0.46	125.2	0.56	132.0	0.53	146.5	0.48
Discharges/Average Daily Census	66.1	151.2	0.44	123.1	0.54	131.4	0.50	148.0	0.45
Discharges To Private Residence/Average Daily Census	23.2	74.0	0.31	55.7	0.42	61.0	0.38	66.9	0.35
Residents Receiving Skilled Care	96.6	95.3	1.01	95.8	1.01	95.8	1.01	89.9	1.07
Residents Aged 65 and Older	98.3	94.3	1.04	93.1	1.06	93.2	1.05	87.9	1.12
Title 19 (Medicaid) Funded Residents	79.3	71.9	1.10	69.1	1.15	70.0	1.13	66.1	1.20
Private Pay Funded Residents	15.5	16.7	0.93	20.2	0.77	18.5	0.84	20.6	0.75
Developmentally Disabled Residents	0.0	0.6	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	37.9	29.5	1.28	38.6	0.98	36.6	1.04	33.6	1.13
General Medical Service Residents	6.9	23.5	0.29	18.9	0.36	19.7	0.35	21.1	0.33
Impaired ADL (Mean)	46.2	46.4	1.00	46.2	1.00	47.6	0.97	49.4	0.94
Psychological Problems	69.0	54.5	1.27	59.0	1.17	57.1	1.21	57.7	1.20
Nursing Care Required (Mean)	7.1	7.4	0.97	7.0	1.02	7.3	0.97	7.4	0.96